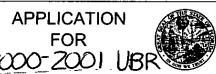
PLEASE	READ	ALL INSTRUC	TIONS BEFO	RE COMPLE	TING THIS	FORM.
	THE SPA	EI ODIDA DED	ADTMENT OF	STATE	•	ř



Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

N99000004883 **DOCUMENT#**

1. Corporation Name

KMAD CLUB, INC.

FILED

01 JAN 29 PM 4: 10

SECRETARY OF STATE TALLAHASSEE. FLORIDA

	•							
Principal Place of Business		Mailing Addre	Mailing Address			0 90220 0		
1005 NW 7TH AVE. HALLANDALE FL 33009		1005 NW 7TH HALLANDALE	1005-NW-7TH-AVE PN- HALLANDALE-FL 03009					
	ddresses are incorrect in any way, line thro							
	cipal Office Address, If Applicable	3. New Mailir	ing Office Address, If Applicable		Date Incorporate To Do Busin	orated or Qualified ess in Florida	08/16/1999	
Suite, Apt. #	t, etc.	Suite, Apt. #,	ite, Apt. #, etc. 740 ROCK Island Rd. #288		₹5. FEI Number		Applied For	
City & State		City & State Tamar		-Lorida	65-0	957010	Not Applicable	
Zip	Country	Zip3331	Cc	untry U·S·A-	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and/	or Director (Flor	rida nonprofit co	`				
Title(s) 1	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director		City / State / Zip			
- D -8W	MOORE, ROZANNA			1859 N PINE ISLAND ROAD STE 355		PLANTATION FL 33322		
D 4:5				8200 SW 22 STREET		POMPANO BEACH FL 33068		
D gw	RICHARDSON, TARISHA L		9615 GW 52	AVE APT B204		HOLLYWOOD FL 33	02 3	
ρ	MOORE, ROZANNO	5740 ROCK Island Rd.		1000374 Tanggaga	162985 111133919			
D	Sanders, Anthony M		1005 NW 7th Ave.		Hallandale	, FL 33319		
İ	, ,							
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
	E, ROZANNA		Street Address (F	Street Address (P.O. Box Number is Not Acceptable)				
1859 N PINE ISLAND ROAD STE 355 PLANTATION FL 33322				Suite, Apt. #, Etc.	Suite, Apt. # Stand Kood Suite, Apt. # Stand Kood			
				city Tam	arac		State Zip Code FL 333 9	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent PRESISTERED AGENT MUST SIGN Date 1/23 0 \								
		GISTERED AGE	ENT MUST SIGI	N			•	

this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:	side	JOOK B E	REQUI	
SIGNATURE.			OF SIGNING OFFICER O	

500

KMAD CLUB, INC

1005 NW 7TH Ave. Hallandale, FL 33009

January 19, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir/Madam:

Please be advised that I did not receive any letter from the Department of Corporations requesting additional information on KMAD Club Inc. after I filed the 1999 Annual Report. The only document I received was a Notice of Administrative Dissolution or Revocation.

Enclosed please find my check in the amount of \$61.25 for 2000 Annual Report Filing Fee for KMAD Club, Inc.

I would like to request that KMAD Club, Inc., be reinstated to Active Status.

Thank you for your kind and immediate attention to the above.

Yours truly,

Rozanna Moore

President